

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>								SERIAL NO. <b>104562264</b>	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3		1						53					
4		1						54					
5		1						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10		1						60					
11		1						61					
12		1						62					
13		1						63					
14		1						64					
15		1						65					
16		1						66					
17		1						67					
18		1						68					
19	1							69					
20		1						70					
21		1						71					
22		1						72					
23	C	C						73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
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31								81					
32								82					
33								83					
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36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2												
TOTAL DEP.	20												
TOTAL CLAIMS	22												